

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2001

Application or Docket Number

10/044842

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	79	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	79 minus 20 =	59
INDEPENDENT CLAIMS	minus 3 =	
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

3-7-05

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 79 Minus	** 79	= -
Independent	* 6 Minus	*** 6	= -
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY TYPE ☐ OR

OTHER THAN SMALL ENTITY

RATE	FEE	RATE	FEE
BASIC FEE	370.00	BASIC FEE	740.00
X\$ 9=	531	X\$18=	
X42=		X84=	
+140=		+280=	
TOTAL		TOTAL	

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=	-	X\$18=	
X42=	-	X84=	
+140=	-	+280=	
TOTAL ADDIT. FEE	-	TOTAL ADDIT. FEE	

11-2-05

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 77 Minus	** 79	= -
Independent	* 7 Minus	*** 6	= 1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=	-	X\$18=	
X42=	100.00	X84=	
+140=	-	+280=	
TOTAL ADDIT. FEE	100.00	TOTAL ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* Minus	**	=
Independent	* Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		X\$18=	
X42=		X84=	
+140=		+280=	
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

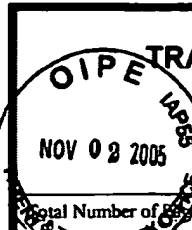
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

United States Patent and Trademark Office
- Sales Receipt -

11/07/2005 CQUEEN 00000002 501212 10044842

01 FC:2201 100.00 DA

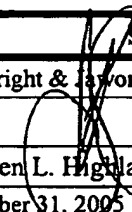
	Application Number:	10/044,842
	Filing Date:	January 11, 2002
	First Named Inventor:	Issam Raad
	Art Unit:	1744
	Examiner Name:	Brad Y. Chin
Total Number of Pages in this Submission : _____		Attorney Docket Number: UTSC:669US

ENCLOSURES (check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Fee Transmittal Form
<input type="checkbox"/> Fee Attached
<input checked="" type="checkbox"/> Amendment/Reply
<input type="checkbox"/> After Final
<input type="checkbox"/> Affidavits/declaration(s)
<input type="checkbox"/> Extension of Time Request
<input type="checkbox"/> Express Abandonment Request
<input type="checkbox"/> Information Disclosure Statement
<input type="checkbox"/> Form PTO-1449
<input type="checkbox"/> References _____
<input type="checkbox"/> Certified Copy of Priority Documents
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application
<input type="checkbox"/> Reply to Missing Parts/Requirements
<input type="checkbox"/> Declaration(s) _____
<input type="checkbox"/> Copy of Notice of Missing Parts/Requirements | <input type="checkbox"/> Drawings(s) _____
<input type="checkbox"/> Licensing-related Papers
<input type="checkbox"/> Petition
<input type="checkbox"/> Petition to Convert to a Provisional Application
<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address
<input type="checkbox"/> Statement under 37 CFR §3.73(b)
<input type="checkbox"/> Designation of Patent Practitioners
<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Request for Refund
<input type="checkbox"/> CD, Number CD(s) _____
<input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below)
<input checked="" type="checkbox"/> Check in the amount of \$225.00
<input checked="" type="checkbox"/> Authorized to be charged to deposit account if check insufficient or inadvertently omitted
Deposit account number: <u>50-1212/UTSC:669US/SLH</u>
<input type="checkbox"/> Sequence Statement
<input type="checkbox"/> Paper Copy of Sequence Listing
<input type="checkbox"/> Computer Readable Form (CRF)
<input checked="" type="checkbox"/> Postcard
<input type="checkbox"/> _____
<input type="checkbox"/> _____ |
|--|---|---|

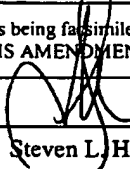
Remarks: If the check is inadvertently omitted or additional fees under 37 C.F.R. §§ 1.16 to 1.21 are required for any reason relating to the enclosed materials, the Commissioner is authorized to deduct said fees from Fulbright & Jaworski L.L.P. Account No. : 50-1212/UTSC:669US/SLH.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Fulbright & Jaworski L.L.P.	Customer Number	32425
Signature			
Printed Name	Steven L. Highlander	Reg. No.	37,642
Date	October 31, 2005		

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: MS AMENDMENT, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or Printed Name	Steven L. Highlander	Date	October 31, 2005